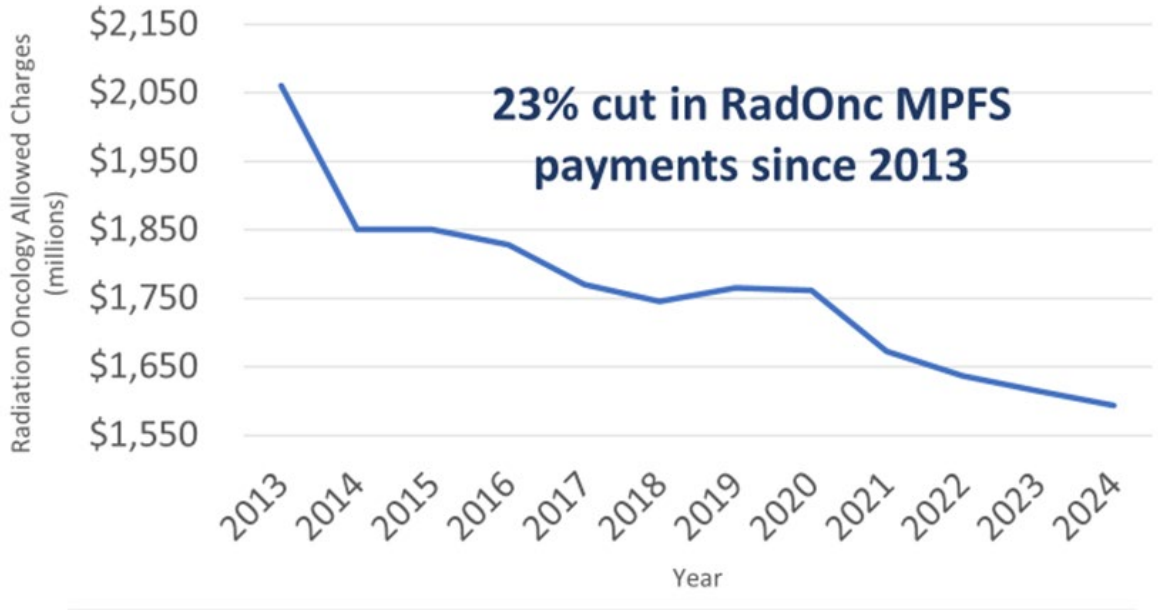
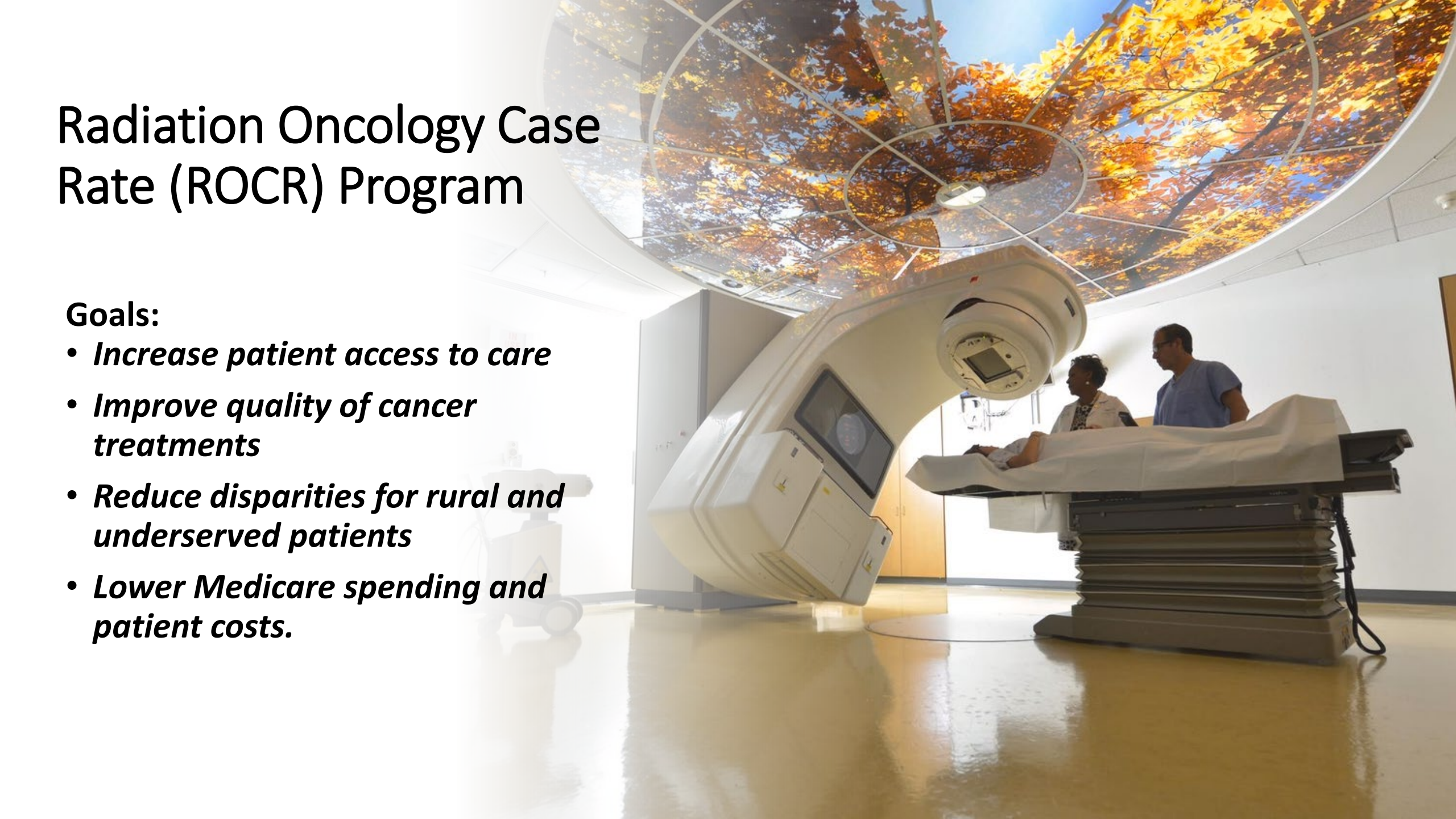


Radiation Oncology Case Rate (ROCR) Payment Program

Why Are We Here?
Payment Cuts and Misaligned Incentives



Radiation Oncology Case Rate (ROCR) Program



Goals:

- ***Increase patient access to care***
- ***Improve quality of cancer treatments***
- ***Reduce disparities for rural and underserved patients***
- ***Lower Medicare spending and patient costs.***

Why ROCR?



STABILIZE PAYMENTS AFTER YEARS OF CUTS



INCREASE VALUE-BASED CARE BY CHANGING PAYMENT FROM PER TREATMENT TO PER PATIENT.



ALIGN PAYMENT INCENTIVES WITH CLINICAL GUIDELINES.

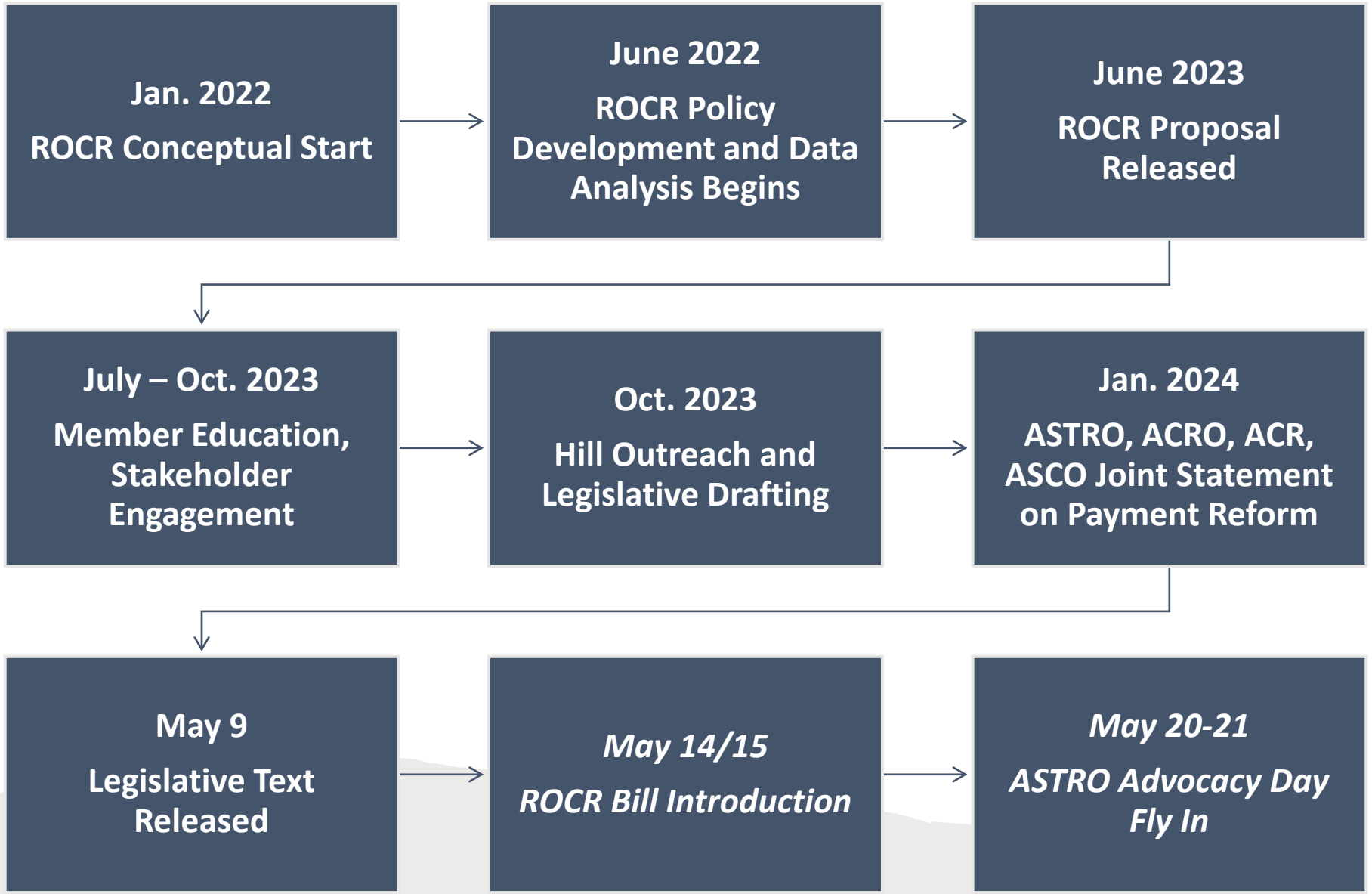


UNIFY PAYMENTS ACROSS DIFFERENT CARE SETTINGS, AND

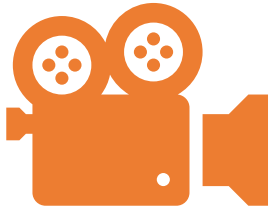


SAVE MEDICARE MORE THAN $200 MILLION.

ROCR Status Timeline



Radiation Oncology Case Rate (ROCR) Value-Based Program Act of 2024 Section-by-Section



Sec. 1. Short Title

ROCR Value-Based Program Act



Sec. 2. Findings

Describes reasons requiring radiation oncology payment reform

Section-by-Section cont.

- Sec. 3. ROCR Value Based Payment Program
  - Directs issuance of ROCR program regulations (notice and comment) within 1 year of enactment
  - Requires stable payments between enactment date and program effective date
  - Describes ROCR program goals

Section 3 cont.

- Describes per episode payments
  - Applies to **professional and technical services** delivered during a **defined episode of care** by **providers (HOPD)** and **suppliers (group practice/freestanding)** to **traditional Medicare** beneficiaries diagnosed with an **included cancer type**.
  - Subject to deductible and coinsurance
  - Timing of prospective payments
    - Half paid within 30 days of first treatment delivery
    - Half paid at end of treatment, not later than 90th day of episode (30 days for brain/bone mets).
  - Full payment in the event of patient death
    - Incomplete episode paid fee for service for services furnished
  - Unified payments across sites of services

Section 3 cont.

Describes per-episode payment amount and adjustments

- Based on national base rates
- Adjusted based on:
  - Geography
  - Inflation
  - Savings
  - Disparities
  - Quality

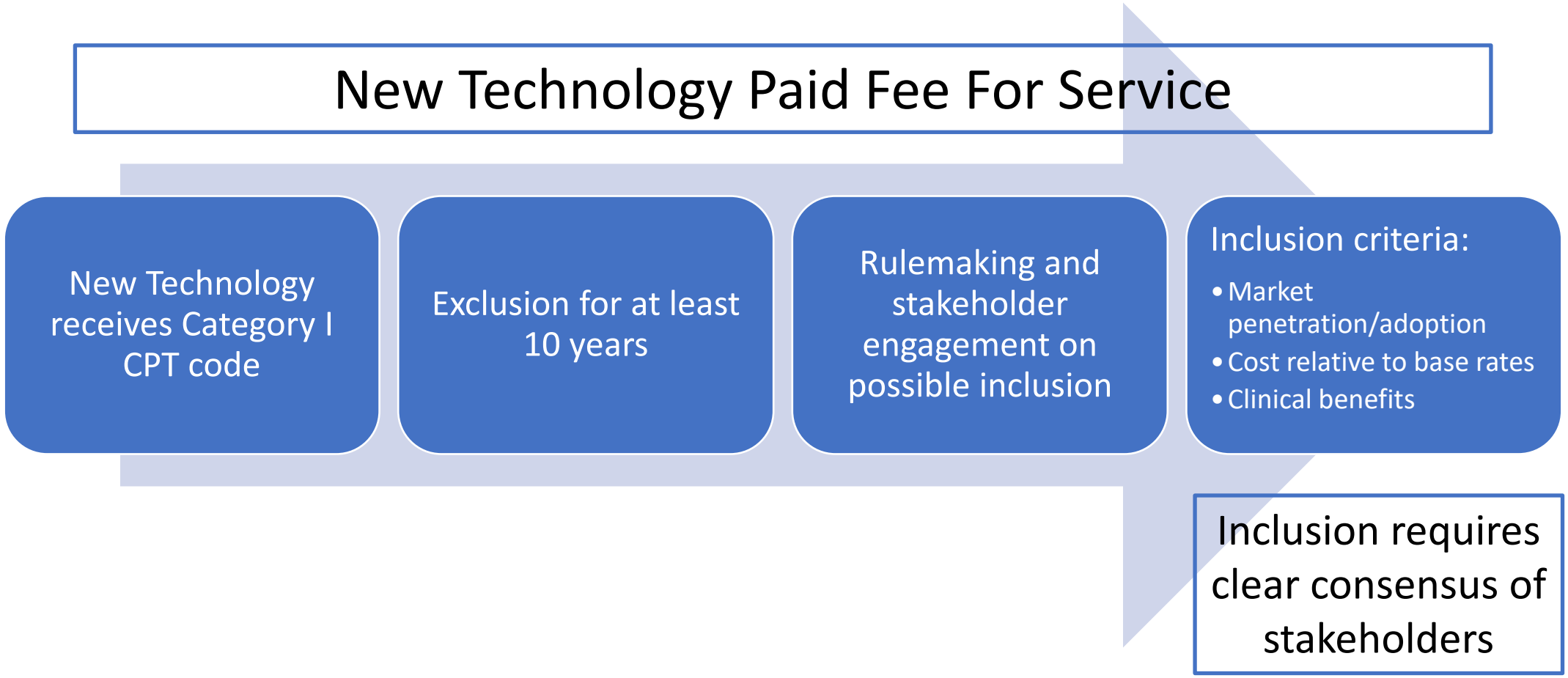
Describes payment for incomplete episodes and concurrent treatments

- Multiple episodes triggered by providing an additional treatment planning code
- For additional treatment modality during an episode, payment under applicable payment system
  - i.e. Brachy boost.

Section 3 cont.

- Description of national base rates for professional and technical based on M-codes
  - Based on M-code base rates from RO Model
  - Annual updates based on Medicare Economic Index (professional) and Hospital Market Basket (technical)
  - Prevents reduction in base rates during annual revisions
  - Process for rebasing and revising base rates every five years
    - Limit on reducing rates by more than 1% during rebasing
    - Requires significant input from stakeholders
  - Process for incorporating new technology

Process for including new tech in ROCR



New Technology Payment Scenario

Adaptive Radiotherapy

- The year is 2030 and Adaptive Radiotherapy has a code: 77XXX
- Patient with prostate cancer, receives external beam radiation therapy with Adaptive Planning
- Provider payment: ROCR Prostate Case Rate + Payment for 77XXX

Section 3 cont.

Adjustments to national base rates for geography and savings

- Use of GPCI for professional component and HOPD for technical component
- Savings adjustment with goal of $200 million over 10 years.
  - *CBO request pending to set savings adjustment percentage*

Rules for collection of coinsurance

- Availability of payment plans
  - Limitation on use as marketing tool
  - Timing on availability of payment plan
- Coinsurance payment amount of 20% prior to sequestration
  - Incomplete episode: coinsurance payment of 20% of what would have been paid under fee for service.

Requirements to participate in ROCR

- Participation from providers and suppliers, unless:
  - CMMI state-based model
  - Significant hardship determined by Secretary

Section 3 cont.

- Describes Health Equity Achievement in Radiation Therapy (HEART) payment to reduce disparities through transportation assistance
  - Eligibility for payment based on transportation insecurity
  - $500 per episode technical payment, with $10 annual increases.
  - No duplication of payment
  - Documentation requirements
  - No coinsurance



Section 3 cont.

- Creates ROCR quality incentives for practice accreditation
  - Increases technical payment by .5% for 3 years
  - Decreases technical payment by 1.0% after 3 years
  - Defines small suppliers/providers and alternative path to accreditation using external audit.
    - Increases technical payment by .25%--NO decrease.
  - Requires submission of accreditation status to Secretary
    - ASTRO, ACR or ACRO accreditation
  - Describes process for new suppliers/providers to meet accreditation
  - Requires compliance with CEHRT under MIPS
  - Exclusion from MIPS



Section 3 cont.



- Requires GAO reports on:
  - ROCR program evaluation
  - Access to radiation therapy in rural and underserved areas, including radiation therapy deserts

Section 3--Key terms defined

- Treatment planning trigger codes
- Covered individuals
- Covered radiation treatments
- Exclusions for:
  - Brachytherapy, proton therapy, intraoperative radiotherapy, superficial radiation therapy, hyperthermia, and radiopharmaceuticals
  - Inpatients, ASCs, PPS-exempt
  - Other physician services (surgery, chemo, etc.)
  - New technology

Section 3—Key terms defined

- Episode of care
  - Start: Treatment planning, with treatment delivery within 30 days
  - End: All included cancer types, 90 days (Brain/bone mets = 30 days).
- 15 Included cancer types
- Incomplete episodes
- Radiation therapy provider (HOPD) and supplier (Group practice or freestanding center)
- Professional and technical components
- Transportation services, including car, ride share or public transportation

Section by Section cont.



Sec. 4. Revision to Civil Monetary Penalties for ROCR Program Transportation Services

Allows for provision of transportation under ROCR through local transportation safe harbor under anti-kickback statute



Sec. 5. Exemption of ROCR Program From Budget Neutrality Requirements

Ensures ROCR will not result in budget neutrality adjustments under MPFS or HOPPS.

ROCR: Key Messages

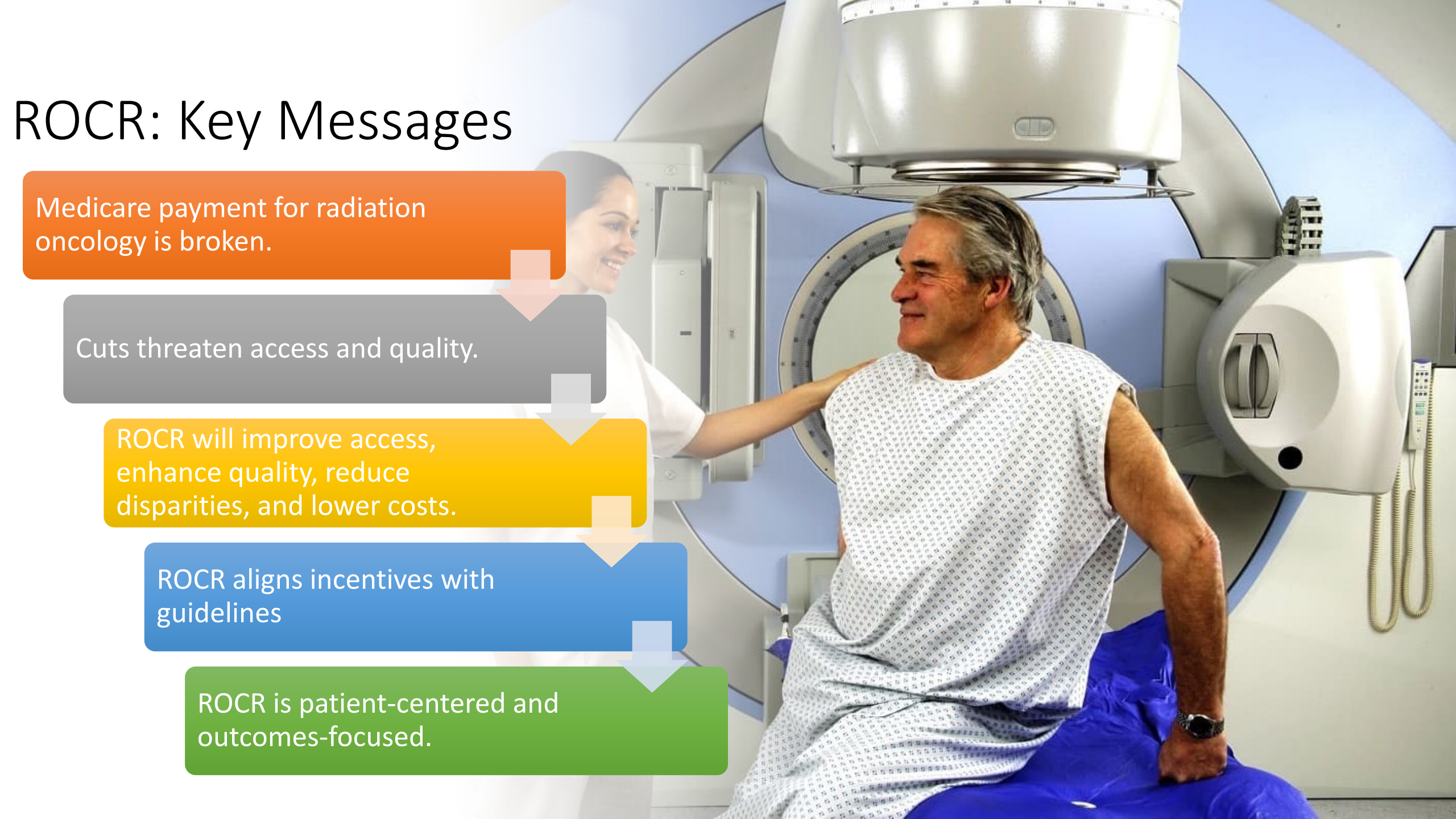
Medicare payment for radiation oncology is broken.

Cuts threaten access and quality.

ROCR will improve access, enhance quality, reduce disparities, and lower costs.

ROCR aligns incentives with guidelines

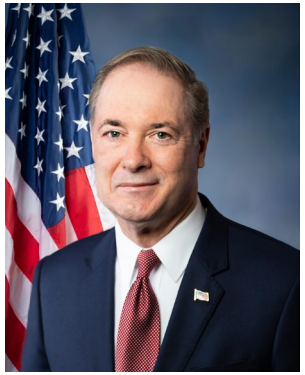
ROCR is patient-centered and outcomes-focused.



ROCR (S. 4330/HR 8404) BIPARTISAN CHAMPIONS AND SUPPORTERS







American Association of Medical Dosimetrists (AAMD)
American Association of Physicists in Medicine (AAPM)
American College of Radiology
BAMF Health
Baptist Health South Florida
Baptist Hospitals of Southeast Texas
Baylor College Of Medicine
Birmingham Radiological Group
Cancer Care of Hattiesburg, PLLC
Carolina Regional Cancer Center
Cedars-Sinai Medical Center
Connecticut Radiation Oncology
Corewell Health
Gamma West Cancer Services
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US Oncology Network
Washington University
Willis-Knighton Health System
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Questions?

Send comments, questions, suggestions to healthpolicy1@astro.org